

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Marcel LIMOUSIN and Guido GAGGINI

Title : **IMPROVED MANAGEMENT OF RESPIRATORY PAUSES
OR HYPOPNEA IN AN ACTIVE IMPLANTABLE
MEDICAL DEVICE OF THE CARDIAC PACEMAKER,
DEFIBRILLATOR, CARDIOVERTER, OR MULTISITE
DEVICE TYPE**

Serial No. : 10/693,833

Filed : October 24, 2003

Art Unit : 3762

Examiner : Stephanie R. Smith

Confirmation No. : 1007

Date of Action : August 15, 2007 - FINAL

Date: February 13, 2008

Via: USPTO EFS Web
Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment and response, in response to Office Action dated August 15, 2007 in connection with the above-identified application.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION
(months)

FEE FOR SMALL
ENTITY

FEE FOR OTHER THAN
SMALL ENTITY

PATENT

Attorney Docket No. 8707-2165

168 - Apnee et PEA

Customer No.: 34313

Confirmation No.: 1007

Response AF OA

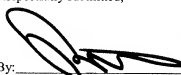
<input type="checkbox"/>	one month	\$60.00	\$120.00
<input type="checkbox"/>	two months	\$230.00	\$460.00
<input checked="" type="checkbox"/>	three months	\$525.00	\$1,050.00
<input type="checkbox"/>	four months	\$820.00	\$1,640.00
<input type="checkbox"/>	five months	\$1,115.00	\$2,230.00
		Fee	\$1,050.00

☐ If an additional extension of time is required, please consider this a petition therefor.
 Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 1,050.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
 B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	-	=	x	\$50.00
Independent Claims	-	=	x	\$210.00
Application Size Fee <small>(\$250 for each additional 50 sheets or fraction thereof)</small>	-	=	100 x	260.00
Multiple Dependent Claims	\$370	(if applicable)	<input type="checkbox"/>	
Surcharge 37 CFR § 1.16(e)	\$130	(if applicable)	<input type="checkbox"/>	
TOTAL OF ABOVE CALCULATIONS				
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input type="checkbox"/>				
Extension of Time (from above)				\$1,050.00
Assignment -- \$40 (if applicable)	<input type="checkbox"/>			
TOTAL FEES SUBMITTED HEREWITH				\$1,050.00

Respectfully submitted,



By: _____

Robert M. Isackson

Reg. No.: 31,110

(212) 506-5280

Dated: February 13, 2008

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